

**MENDHAM TOWNSHIP SCHOOL DISTRICT
HEALTH SERVICES**

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Emergency Health Care Plan
Life Threatening Allergies

Child's Name _____ DOB _____

Allergy to: _____

Asthmatic: ____ Yes (high risk for severe reaction) ____ No

Student's past symptoms of an allergic reaction: (describe) _____

Physician, please circle systems/symptoms that relate to this student.

<u>Systems</u>	<u>Symptoms</u>
Mouth	Itching and swelling of the lips, tongue or mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
Skin	Hives, itchy rash and/or swelling about the face and extremities
Gut	Nausea, abdominal cramps, vomiting and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	"thread" pulses, "passing out"

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

Action:

1. If ingestion (or contact) occurs immediately administer: _____

2. Call **911** and have them notify **MICU** (state epinephrine is required)

3. Call Parents/Emergency contacts

- **BY NJ LAW, TRAINED EPINEPHRINE DELEGATE MAY ONLY ADMINISTER EPINEPHRINE AUTO-INJECTION.**

Emergency contacts:

Mother: _____

Father: _____

Home # _____

Home # _____

Work # _____

Work # _____

Cell# _____

Cell# _____

Emergency Contact _____ Relationship _____

Telephone # _____

Doctor: _____ Telephone # _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL FIRST AID RESCUE SQUAD

I _____ (parent/guardian) of _____ (student's name) agree to the above stated emergency contacts and district designated delegate(s).

(Parent signature and date)

(Doctor signature with date and office stamp and Rx. Epipen)

(CONTINUE ON BACK)

FORM H 1

**DESIGNATION OF ADMINISTRATION OF EPINEPHRINE
MENDHAM TOWNSHIP SCHOOL DISTRICT**

The certified school nurse may designate, in consultation with the building administrator, another employee of the district to administer a pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene, including sponsored after-school activities.

The employees will be trained using the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education.

STUDENT NAME: _____ GRADE: _____

A list of employee(s) designated to administer epinephrine for your child in the event the school nurse is not physically present at the scene may be obtained from your building school nurse.

I give consent for the district's designated delegate to administer epinephrine in the event the school nurse is not present at the scene. I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine and that I indemnify and hold harmless the District and its employees or agents against claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine.

Parent/Guardian Signature

Date

Volunteer Trained Epinephrine Delegates

Date

